

EXHIBIT B

Agent's Report

1. Statements

A. Number of years you have known Primary Proposed Insured: NET By SOLICITATION

Other Proposed Insured:

 yes no

B. Does any Proposed Insured have any existing or pending annuities or life insurance policies?

If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance?

 yes no*(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)*C. Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or Insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* yes no

D. Did you provide the Owner with a Limited Temporary Life Insurance Agreement?

 yes no2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
<u>Israel Biller</u>	<u>B9700</u>	<u>Pending</u>	<u>%</u>
			<u>%</u>
			<u>%</u>
			<u>%</u>

Writing Agent Name *(Please print)* RG PLANNING Date APRIL 7, 2008Writing Agent Signature RG PLANNING

State License #

Phone # 718 436-4083Email IsraelP@planning.com

Fax #

For Home Office use	Processing Center <u>JMG LINE</u>	Contact Person <u>Helen Colvin</u> Phone # <u>717-238-3736</u>
Servicing Agent (if other than writing agent) send policy/delivery requirements to	<u>JMG LINE</u> <u>1753 Line Oak Lane</u> <u>Altamonte Springs, FL 32714</u>	

AGL Cross Reference

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Altamonte Springs, FL 32714Attn: Helen Colvin

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